

1154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Sala</u>		BUREAU OF VITAL STATISTICS	
District of <u>Hayden</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>176</u>	
or _____		County Registrar No. <u>902</u>	
City of _____		Local Registrar No. <u>154</u>	
2. Full name of child <u>Doloris Morina</u>		No. _____ St. _____ Ward _____	
3. Sex of Child <u>Female</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
4. Twin, triplet or other _____		5. Legitimate? <u>Yes</u>	
6. Date of birth <u>Nov 19 1924</u>		7. Month _____ day _____ year _____	
8. FATHER		9. MOTHER	
Full name <u>Manuel Morina</u>		Full maiden name <u>Adeline Ripa</u>	
10. Residence <u>Hayden</u>		11. Residence <u>Hayden</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
12. Color or race <u>Mexican</u>		13. Color or race <u>Mexican</u>	
14. Age at last birthday <u>34</u> (Years)		15. Age at last birthday <u>24</u> (Years)	
16. Birthplace (city or place) <u>Ures</u>		17. Birthplace (city or place) <u>San Miguel</u>	
(State or country) <u>Chihuahua Mexico</u>		(State or country) <u>Chihuahua</u>	
18. Occupation <u>laborer</u>		19. Occupation <u>house wife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u>		21. Were precautions taken against epidemic neonatorum? <u>Yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____		(c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>12:00</u> M. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Charles H. Hurst, M.D.</u>	
Given name added from a supplemental report _____		Address <u>Hayden, Ariz.</u>	
Month, day, year. _____		Filed <u>Dec 5</u> 19 <u>24</u>	
Registrar. _____		Local Registrar. <u>B. G. J. J.</u>	
		County Registrar. _____	

441-1119-131